

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Hannibal (No. K. G. General Hospital)

Registration District No. 3991

Primary Registration District No. 1202

File No. 36741

Registered No. 4170

St. Mo. Ward

2. FULL NAME

(a) Residence, No. 505 Smalley
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

12-20-1923

7. AGE

YEARS

13

MONTHS

9

DAYS

26

IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Chief

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri

13. NAME

Earl Haney

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Jessie Nichols

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Unknown

17. INFORMANT
(ADDRESS)

Regina Clark
K. G. General Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn

DATE Oct 18 1937

19. UNDERTAKER
(ADDRESS)

Rose & Vandervon
154 Jackson

20. FILED

10-18-1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10-16-1937

22. I HEREBY CERTIFY, That I attended deceased from

9-23-1937, to 10-16-1937

I last saw her alive on 10-16-1937 Death is said

to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset

Other contributory causes of importance:

Dysentery

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. F. De Maria M. D.

(Address) St. K. G. General Hospital
K. G. Missouri

